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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 4
Verified and Acknowledged Examiner's Signature _____ Initials _____					

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**TITLE**

ARRAYS FOR BRINGING TWO OR MORE REAGENTS IN CONTACT WITH ONE OR MORE BIOLOGICAL TARGETS AND METHODS FOR MAKING AND USING THE ARRAYS

<b>FILING FEE RECEIVED</b> 865	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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